



NAME			
GENDER	MALE	FEMALE	(X)
AGE			
CONTACT NUMBER			
E-MAIL			

**Indicate which days and time slot would suit you For Group Sessions (2 sessions per week)**

	DAY	TIME
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		

**Indicate which days and time slot you would want to train on your own**

	DAY	TIME
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		

**Indicate whether you would require Personal 1 on 1 training (Additional Costs)**

	DAY	TIME
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		

**Indicate in short what your Primary and Secondary expectations are and what you expect to achieve from your training:**

**Primary:** \_\_\_\_\_

\_\_\_\_\_

**Secondary:** \_\_\_\_\_

\_\_\_\_\_

Current Fitness Level:	Bad	Below Average	Average	Above Average	Good	Excellent
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**Any Health Issues that we should be aware of:**

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